

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596402

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	0					
26	0					
27	/					
28	0					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	0					
38	0					
39	0					
40	0					
41	0					
42	0					
43	0					
44	0		1			
45	0		1			
46	0		1			
47	0		1			
48	0		1			
49	0		1			
50	0		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0			1	
52		0			1	
53					—	
54					—	
55					—	
56					—	
57					—	
58					—	
59					—	
60					—	
61					—	
62					—	
63					—	
64					—	
65					—	
66					—	
67					—	
68					—	
69					—	
70					—	
71					—	
72					—	
73					—	
74					—	
75					—	
76					—	
77					—	
78					—	
79					—	
80					—	
81					—	
82					—	
83					—	
84					—	
85					—	
86					—	
87					—	
88					—	
89					—	
90					—	
91					—	
92					—	
93					—	
94					—	
95					—	
96					—	
97					—	
98					—	
99					—	
100					—	
TOTAL IND.		↓		↓	2	↓
TOTAL DEP.	←		←	←	50	←
TOTAL CLAIMS					52	